2019 Adult Program Yearly Trip Registration Form

☐ Raleigh Resident ☐ Non-resident Add \$	orbito course. Non-resident lees do	not apply to courses les	ss than \$15	
Participant #1 Last Name I want Parks, Recreation and Cultural Reso	First Name	DOB		□Male □Female
I want Parks, Recreation and Cultural Resc	ources to know about these medical I request ADA accommodatio	conditions for this partion for the disability/media	cipant: cal condition li	sted. Yes No
Mailing Address Ce Emergency Contact Name	City _	·	_ State	Zip
Home Phone Ce	ell Phone	*Email		
Emergency Contact Name		Priorie		
Individuals living at the same address m	ay use same Yearly Trip Registra	tion Form		
Participant #2 Last Name	First Name	DOB	_//	_ □Male □Female
I want Parks, Recreation and Cultural Reso	ources to know about these medical	conditions for this partic	cipant:	
Cell Phone	I request ADA accommodatio *Fmail	ir for the disability/medic	cai condition ii	sieu. 🗆 res 🗆 No
Cell PhoneEmergency Contact Name		Phone		
The City of Raleigh Parks, Recreation and Cultural needs. We are committed to compliance with the Al reasonable accommodations are in place, program program. For more information please contact Inclu	DA and will provide reasonable accommod registration or accommodation request sho	ations to facilitate participati	on in our program	ms. To ensure that
Pictures or video may be taken of participant for use	e in program publicity. □ Please check, if y	ou do not approve		
Registration Receipt: (for mail-in) I would like my re	ceipt (please check one) \square emailed (valid	email address required) 🗆 ı	orinted/mailed	
Registration				
Register Participant(s): by the participant(s) initial. Understood by in	nitialing the Vearly Trin Registration	to receive trip fliers/re	gistrations for	the trips indicated
by the participant(o) initial. Originated by in	indaning, the really rip registration	Form covers all 2019 /	Addit trips Jarii	aary to booonibor.
Trip Fliers/Registration Adult Program 2019 Trips				
Trip Fliers/Registration Adult Program 2019 Trips	Registration barcode #235366 oppose any discrimination based on actua pression, familial or marital status, economoasis of any of the aforementioned areas n	Patron #1 initial I or perceived age, mental or status, veteran status or nay file a complaint with eith	r physical disabil national origin in er the Director of	n #2 initials lity, sex, religion, any aspect of mod-
Trip Fliers/Registration Adult Program 2019 Trips Non-Discrimination Policy The policy of the City of Raleigh is, and shall be, to race, color, sexual orientation, gender identity or exern life. A participant alleging discrimination on the least section of the least sexual orientation.	Registration barcode #235366 oppose any discrimination based on actua pression, familial or marital status, economoasis of any of the aforementioned areas n	Patron #1 initial I or perceived age, mental or status, veteran status or nay file a complaint with eith	r physical disabil national origin in er the Director of	n #2 initials lity, sex, religion, any aspect of mod-
Trip Fliers/Registration Adult Program 2019 Trips Non-Discrimination Policy The policy of the City of Raleigh is, and shall be, to race, color, sexual orientation, gender identity or extern life. A participant alleging discrimination on the reation and Cultural Resources Department or the Common Release, Indemnity, and Agreement Not to Sue * By providing my email address I agree to receive of I understand that participating in the recreational proaccidents while traveling, food related illness, equip trips/falls, and musculoskeletal injuries, among other By signing the Program Registration form, I acknow of injury, illness, or death in any way connected with dures of the program and to follow the reasonable in	Registration barcode #235366 oppose any discrimination based on actual pression, familial or marital status, economoasis of any of the aforementioned areas notifice of Equal Opportunity, U.S. Department of Equal Opportunity, U.S. Department of Equal Opportunity, U.S. Department problems or failures, contact with an error to the contact with an error to the contact of the participation in the program. I also agree the participation in the teachers and supervisors of the supervisors of the teachers and supervisors.	Patron #1 initial I or perceived age, mental or perceived age, mental or pict status, veteran status or nay file a complaint with eithent of the Interior, Washington Recreation and Cultural Reseass. These risks include, but actions of other participant articipate in the selected proproperty damage, and affirm for myself and for any child of the program.	r physical disabil national origin in ler the Director of on, D.C. 20240 sources. Let are not limited ts, spectators, an grams despite then that I have assiparticipant to follows.	to, inclement weather, and volunteers, slips/ le risks. umed all responsibility ow all rules and proce-
Trip Fliers/Registration Adult Program 2019 Trips Non-Discrimination Policy The policy of the City of Raleigh is, and shall be, to race, color, sexual orientation, gender identity or expern life. A participant alleging discrimination on the breation and Cultural Resources Department or the Common Release, Indemnity, and Agreement Not to Sue * By providing my email address I agree to receive a lunderstand that participating in the recreational propagation of the participating in the recreational propagation of the program of the light program in the recreation of the By signing the Program Registration form, I acknow of injury, illness, or death in any way connected with	Registration barcode #235366 oppose any discrimination based on actual pression, familial or marital status, economoasis of any of the aforementioned areas notifice of Equal Opportunity, U.S. Department of Equal Opportunity, U.S. Department problems or failures, contact with an enters. I choose for myself or for my child to participation in the program. I also agree that I am a parent, legal guardian, or any legal rights that I may assert on behalmnify the City for all claims, damages, loss	Patron #1 initial I or perceived age, mental or perceived age, mental or pic status, veteran status or nay file a complaint with eithent of the Interior, Washington articipate in the selected property damage, and affirm for myself and for any child of the program. Cassigns, executors, and admoyees or its agents for injury am otherwise responsible for the child participation in	r physical disabil national origin in ter the Director of on, D.C. 20240 sources. It are not limited ts, spectators, an grams despite the national to follow the program. I all the programs of the child whose the program. I all	to, inclement weather, and volunteers, slips/ le risks. umed all responsibility ow all rules and proce- lease, waive, and distresulting from this se application I am iso agree not to sue the
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Return by mail to: Walnut Terrace Center Adult Program 1256 McCauley Street, Suite 103 Raleigh NC 27608

Walk-In: Anne Gordon Center 1901 Spring Forest Road

Five Points Center 2000 Noble Road

Walnut Terrace Center 1256 McCauley Street, Suite 126